

**RECYCLED
WATER**

**City of Carlsbad - Public Works - Maintenance & Operations
5950 El Camino Real - Carlsbad CA 92010
Ph. (760) 438-2722 Fax (760) 431-2658**

**RECYCLED
WATER**

Acct No.: _____ Date of Notice: _____
Service Address: _____ Make/Model: _____
Location: _____ Size: _____
Serial No.: _____
Dev. Type: _____
Mtr. Size/Num.: _____

RE: Annual Backflow Recertification Test

From the date of this notice, you will have 30 days in which to have your backflow assembly tested and certified. If repairs are needed, the assembly will require retesting before it can be certified. The enclosed tester list is provided as a convenience. If you choose a tester not shown on the enclosed list, please verify that the tester is a County of San Diego certified recycled backflow assembly tester. The testing company must also possess a valid City of Carlsbad business license. Only tests performed by testers meeting these requirements will be considered valid.

The Field Testing Maintenance Form provided by the City must be completed by the test and repair contractor, signed by the tester and the original returned to the City. Test forms from other agencies, nor the tester's own forms will be accepted. This form must be completed and returned to the City within 30 days from the notice date or your water service will be subject to termination.

Date Tested: _____ AWWA/ABPA Cert. No.: _____ Gauge Serial No.: _____
Firm Name: _____ Tester Name: _____
Telephone No.: _____ PSI: _____
Line Valve #1 - Replaced () Line Valve #2 - Tight () Leaked () Replaced ()

Reduced Pressure Principle Assembly			
Double Check Valve Assembly			
	Check #1	Check #2	
Test Before Repairs	Tight () _____ Leaked () _____	Tight () _____ Leaked () _____	Apparent Drop _____ Opened At _____ Actual Drop _____
New Materials and Repairs Made			
Test After Repairs	Tight () _____	Tight () _____	Apparent Drop _____ Opened At _____ Actual Drop _____

Name & Phone of Repair Person: _____
Test After Repairs Done By: _____
Telephone No.: _____ Date of Retest: _____
Gauge Serial No.: _____ AWWA/ABPA Cert No.: _____
Tester's signature affixed to this form certifies the above to be true.

Testers Signature: _____

ORIGINAL MUST BE RETURNED TO THE CITY

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